# APPLICATION FORM

Please return your completed form by email to [work.experience@danceeast.co.uk](mailto:work.experience@danceeast.co.uk)

or by post to Work Experience, DanceEast, Jerwood DanceHouse, Ipswich, IP4 1DW

|  |  |  |  |
| --- | --- | --- | --- |
| **FULL NAME** |  | | |
| **ADDRESS** |  | | |
| **CONTACT (Applicant)** | **Telephone (landline/mobile)** | **Email address** | |
| **CONTACT (FOR THOSE UNDER THE AGE OF 17)** | **Telephone (landline/mobile)** | **Email address** | |
| **SCHOOL / COLLEGE**    **CONTACT DETAILS (Work experience coordinator, if applicable)** |  | | **AGE**  **Please note that this placement is aimed at those aged 16 - 25** |
|  |
| **Dates available;**  **(please give preferred and alternative dates where possible)** |  | | |
| **Tell us about your interest in dance**  *(200 words max.)* |  | | |
| **What are you hoping to get out of your Work Experience at DanceEast**?  **Please also let us know if you require any adjustments to support you in a placement at DanceEast**  *(250 words max.)* |  | | |
| **Please indicate how your skills will benefit DanceEast**  *(200 words max.)* |  | | |

PLEASE COMPLETE THE EQUAL OPPOURTUNITIES FORM BELOW AND RETURN WITH YOUR APPLICATION

**Please note the deadline for your application is 14 February 2020.**

**Applicants will be notified in March 2020 if DanceEast is able to offer a placement.**

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| --- | --- | --- | --- | --- | --- | --- |
| **EQUAL OPPORTUNITIES**  DanceEast is an Equal Opportunities Employer. This means DanceEast will ensure all applicants receive equal treatment, irrespective of their sex; sexual orientation, marital status, race, age or disability. Once received it will be separated from your application and remain anonymous, before the application is reviewed by the selection panel. To ensure the effectiveness of the policy and to assist in its development, DanceEast monitors all applications. You are requested to complete the section below, which will be treated as confidential and used for statistical purposes only.  **Please tick the appropriate boxes:**  **Gender Male**  **Female  Prefer not to say**  **Date of Birth ………………………………….** | | | | | | |
| **Ethnic Origin:** I would describe my ethnic origin as: | | | | | | |
| **White** | British |  | Irish |  | European |  |
| **Mixed** | White & Black Caribbean |  | White & Black African |  | White & Asian |  |
|  | Any Other Mixed Background | | |  |  |  |
| **Asian or Asian British** | Indian |  | Pakistani |  | Bangladeshi |  |
|  | Any Other Asian Background | | |  |  |  |
| **Black or Black British** | Caribbean |  | African |  |  |  |
|  | Any Other Black Background | | |  |  |  |
| **Chinese or**  **Other Ethnic Group** | Chinese |  | Any Other Ethnic Group  Please specify ……………………………………………. | | |  |
| **Prefer not to disclose** |  |  |  | | |  |

**Disability:**

Under the Equality Act 2010*,* you are deemed to be a disabled person if you have cancer, multiple sclerosis or HIV infection.

Also, you are deemed to be a disabled person if you have a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities.

**Do you consider that you are a disabled person?**

Yes:  No: 

If you answered “yes”, please indicate the nature of your impairment by ticking the appropriate box or boxesbelow:

**Physical impairment**, such as difficulty using

your arms, or mobility issues requiring you to use

a wheelchair or crutches:

**Sensory impairment**, such as being blind or

having a serious visual impairment, or being deaf

or having a serious hearing impairment:

**Mental health condition**, such as depression

or schizophrenia:

**Learning disability or difficulty**, such as

Down’s Syndrome or dyslexia, or **Cognitive impairment**,

such as autistic spectrum disorder:

**Long-standing or progressive illness or health condition**,

such as cancer, HIV infection, diabetes, epilepsy or

chronic heart disease:

**Other** (please specify):